Name In Full

Certificate of Death

Michael H. Bandel

Died at Town Glenela County Howard. MARYLAND

Date 1899 Month June Day 27 Age Y. 74 M. yrs. D. Native of Md. Occupation retired

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Virginia Lauchban

Father's Name dont know Mother's Name dont know

OVER

Cause of Death Primary Dropsey and How long sick 6 months

Immediate Rheumatism ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillsinger

OVER

Address Undertaker Ellicots City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr. John H. Webb.

of West Friendship.

Seen by Coroner _____

of _____

Information contained in this certificate received from John Baldel

of _____

Name in Full Mrs. Matilda Burchell

Certificate of Death

Died at Town Ilchester County Howard MARYLAND

Date 1899 Month 6 Day 4 Age Y. 67 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name 97

Cause of Death Primary Bright's disease How long sick

Immediate Heart disease Accident, Suicide, Homicide

Reported by A. Williams, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Levi C. Crawford — Certificate of Death

Died at — Town: Elkridge — County: Howard — MARYLAND

Date 189 9 — Month: 6 — Day: 21st — Age: Y. 71 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number ~~of children~~ living

Husband of
Wife

Father's Name: Geo W. Crawford — Mother's Name: Elizabeth Crawford

Cause of Death — Primary: Enteric - Colitis — How long sick

Immediate: 82 — Accident, Suicide, Homicide

Reported by: A. Williams, M.D.

Address: Elkridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Name In Full Samil Roland Duvall — Certificate of Death

Died at — Town: Glenwood — County: Howard — MARYLAND

Date 189 9 — Month: 6 — Day: 23 — Age: Y. 4 M. — D. 11 — Native of: Howard — Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — Married / Single / Widow / Widower / ~~Divorced~~ — Number of children living

Husband / Wife of — —

Father's Name: Samil Duvall — Mother's Name: Minerva Duvall

Cause of Death — Primary: Blood poisoning from bee sting 14 — How long sick: 33 days

Immediate: Bleeding from point of abcess lance. (a Hemorragic Diathesis) — Accident, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Edwin Gilbert

Address Glenelg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Mary Jane Ensey

Certificate of Death

Died at Town Cooksville County Howard MARYLAND

Date 1899, Month June Day 5 | Age Y. 64 M. 4 D. 7 | Native of Howard Co | Occupation House Keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Richard L. Ensey

Father's Name John Isosnell

Mother's Name Lydia Crawford

Cause of Death: Primary Typhoid Fever / Immediate Peritonitis

How long sick 24 days

~~Accident, Suicide, Homicide~~

Reported by R. O. D. Warfield M.D. Attending Physician

Address Lisbon, Md

Must be signed by physician, if any in attendance, otherwi[illegible]y coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Laura Geddings

Certificate of Death

Died at Town: Fulton County: Howard MARYLAND

Date 1890 Month: June Day: 23 Age Y. 27 M. D. Native of Md Occupation

Male White — Married — Widow Divorced

Female — Colored Single Widower Number of children living 1

Husband / Wife of Harry Geddings

Father's Name G. W. Murphy

Mother's Name ~~[illegible]~~ 67

Cause of Death: Primary Meningitis of septic origin from nose — How long sick 1 week

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by M. M. Cissel

Address Highland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Saml G Gover

Certificate of Death

Died at Town Garey County Howard MARYLAND

Date 1894 Month 6 Day 8 Age Y. 83 M. 5 D. Native of Baltimore Co Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband / Wife of Catharine Snyder

Father's Name Saml G. Gover Mother's Name Barbara Snyder

Cause of Death: Primary Organic Heart Disease 5-7 How long sick 4 months

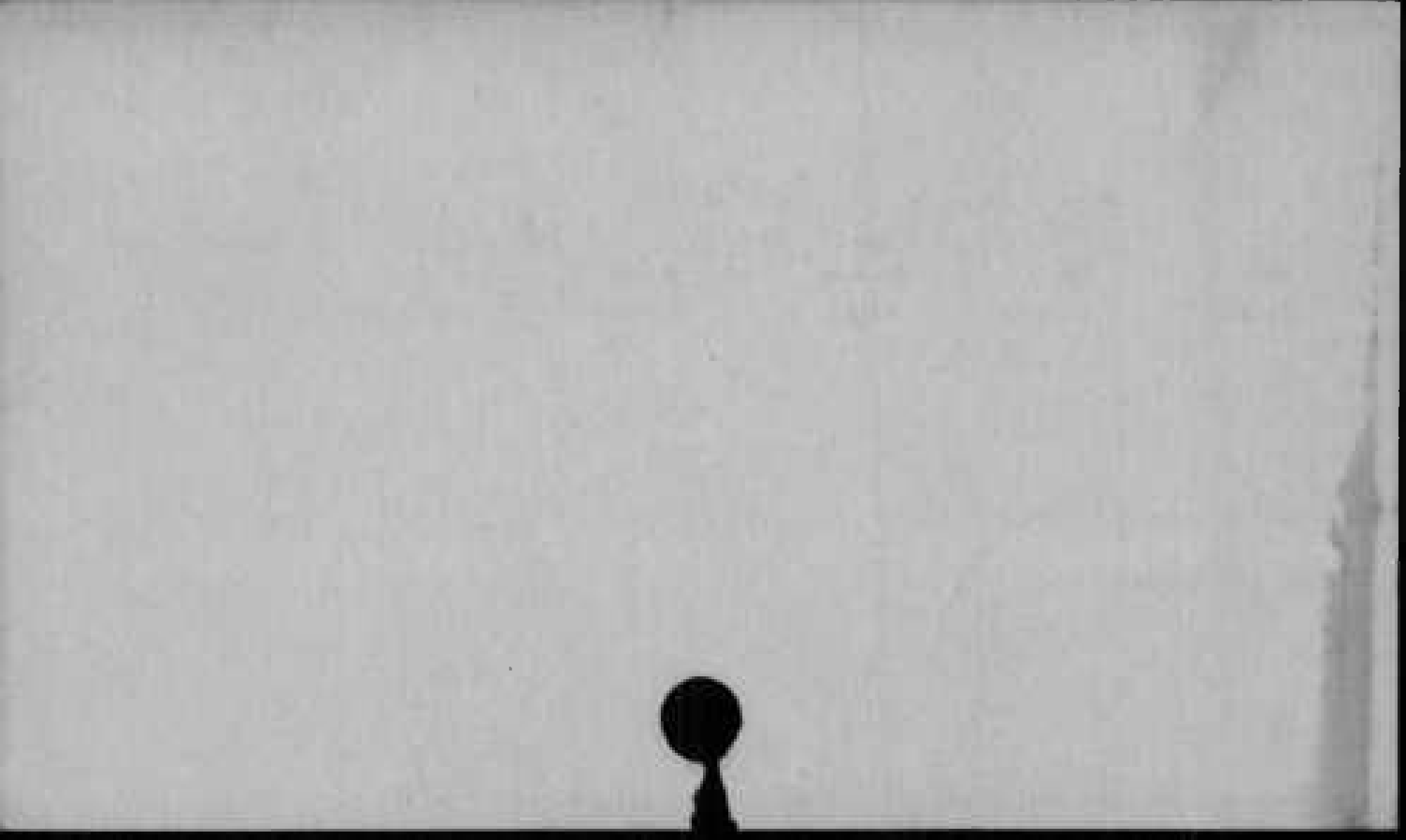
Immediate Cardiac Paralysis ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Chas Gilbert

Address Glenelg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Name in Full — Certificate of Death

Samil Jackson

Died at — Town: Ellicott City — County: Howard. — MARYLAND

Date 189 9 — Month: June — Day: 11 — Age: Y. — M. — D. — Native of: Md — Occupation: Laborer

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ — ~~Widow~~ / Widower — Divorced — Number of children living

Husband / Wife of —

Father's Name — Unknown — Mother's Name —

Cause of Death — Primary: Unknown. Patient had Consumption — How long sick: 6 months

Immediate — Accident, Suicide, Homicide

224

Reported by D. J. Ryan

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hermann Kuhn

Died at Town Ilchester County Howard MARYLAND

Date 189 9 Month 6 Day 6 Age Y. 60 M. — D. — Native of Germany Occupation Laborer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband / Wife of dont-know

Father's Name dont-know Mother's Name dont-know

Cause of Death Primary Epilepsy How long sick found dead

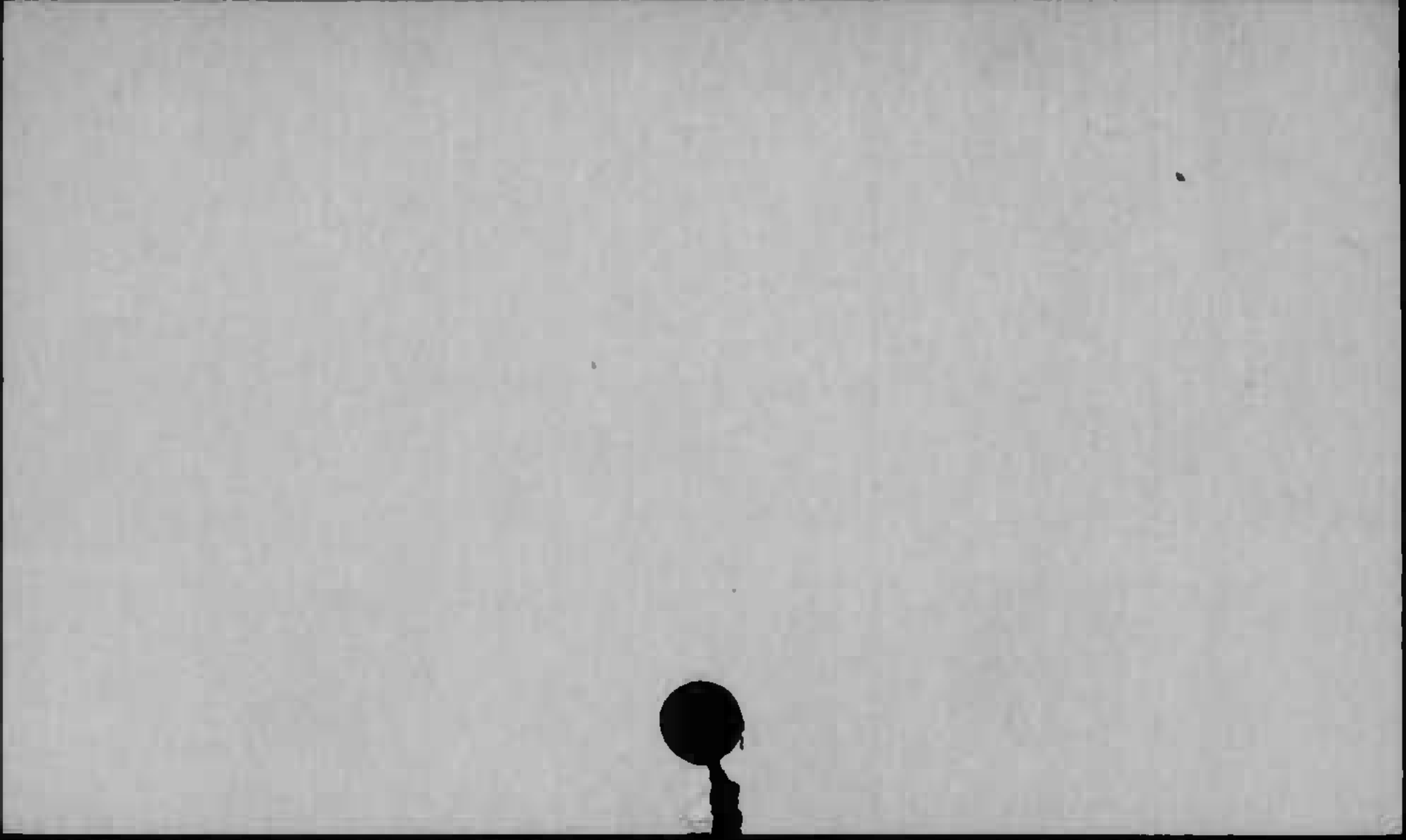
Immediate ~~Accident, Suicide, Homicide~~

Reported by Thos. B. Mings M.D.

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Dora Myers-

Died at Town Highland County Howard MARYLAND

Date 1899 Month June Day 10 Age Y. 10 M. D. Native of Md — Occupation

Male White Married Widow Divorced

Female yes Colored yes Single yes Widower Number of children living

Husband of Wife

Father's Name Geo. Myers

Mother's Name Laura Myers

Cause of Death Primary Meningitis 39a How long sick 14 days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. W. F. Cissel

Address Highland Howard Co — Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary A. M. Thompson

Died at Town Columbia County Howard MARYLAND

Date 1899 Month June Day 25 Age Y. 74 M. yrs. D. Native of Md. Occupation house duties

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Middleton Thompson Mother's Name Mary Ann Clark.

Cause of Death Primary Old Age & Immediate Paralysis

How long sick 2 yrs

~~Accident, Suicide, Homicide~~

Reported by

Address Stephen Hillsinger Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Richard Hammond
of Pine Orchard.

Seen by Coroner _____

~~of~~ _____

Information contained in this certificate received from Robert Carroll
of Columbia Howard Co Md.

Name In Full

Certificate of Death

Matilda Turner.

Died at Town Ilchester County Howard. MARYLAND

Date 189 9 Month June Day 4 | Age Y. 67. M. D. | Native of England. | Occupation Houseduties

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2.

~~Husband~~ of Wife William Burchall

Father's Name Richard Turner. Mother's Name Elizabeth Turner.

OVER

Cause of Death: Primary | How long sick 3 months

Immediate | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Williams

of Eel Kridge

Seen by Coroner —

of —

Information contained in this certificate received from Richard N. Burchall

of Dchester Md.